PHARMACISTS' BULLETIN

NOVA SCOTIA SENIORS' PHARMACARE PROGRAM

PHARMACARE

NOVA SCOTIA DEPARTMENT OF COMMUNITY SERVICES

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NOVA SCOTIA SENIORS' PHARMACARE PROGRAM

2006 - 2007 Premium Year

Nova Scotia seniors will see a fee increase in the Seniors' Pharmacare Program this year. The annual premium will be $400.00 per senior.

Seniors will continue to:

- pay no premium if they receive the Guaranteed Income Supplement (GIS) from the federal government
- pay a co-pay of 33% of the total prescription cost to a maximum of $30 for each prescription with an annual maximum increase to $360 (this prescription cost is paid by seniors directly to their pharmacies when they have their prescription filled)
- receive premium reductions if:
  - he/she is single, and their income is less than $24,000 a year; or
  - he/she is married, and their combined income adds up to less than $28,000 a year
- be ineligible to join the Seniors' Pharmacare Program when they have drug coverage through Veterans Affairs Canada, First Nations and Inuit Health, or a private plan.
- be reimbursed the difference between what they paid in co-payment amounts through their private plan, and the total they would have paid in premium and co-payments if they were enrolled in Seniors' Pharmacare. Seniors can contact Pharmacare for more information on this matter.

Seniors who are members of Seniors' Pharmacare Program will begin to receive their annual enrollment packages during March, 2006. The deadline to register for Pharmacare has been extended to April 04, 2006. New senior citizens automatically receive a registration kit in the mail three months prior to their 65th birthday.

For more information

Nova Scotia Seniors' Pharmacare Program
For specific information on the Seniors' Pharmacare Program call 429-6565 or toll free 1-800-544-6191.

Senior Citizens' Secretariat
The Nova Scotia Senior Citizens' Secretariat operates a toll free information line for seniors and persons acting on their behalf. For information and assistance, call 424-4737 or 1-800-670-0065

This information may also be accessed from our website at *www.gov.ns.ca/health/pharmacare*

INCLUDED WITH THIS BULLETIN:

- **Exception Status Criteria Codes Reference Chart**

NEW ON-LINE CRITERIA CODES FOR RESPIRATORY FLUOROQUINOLONES

In the March Pharmacists' Bulletin (Vol. # 06-03), the Nova Scotia Pharmacare Programs published expanded criteria for the respiratory fluoroquinolones. The revised criteria includes the treatment of community acquired pneumonia (CAP) in patients with comorbidity upon radiographic confirmation of pneumonia, **or** who have failed first line therapies. This new criteria also includes the treatment of Group II acute exacerbation of chronic bronchitis (AECB) in patients who have failed first-line therapies.

Effective April 1, 2006 on-line criteria codes have been assigned to these new criteria, as indicated:

- for the treatment[1] of CAP in patients with comorbidity[2] upon radiographic confirmation of pneumonia, *or* who have failed[3] first line therapies (macrolide, doxycycline, amoxicillin-clavulanate) **[*Criteria Code 03*]**
- for the treatment[1] of Group II AECB patients who have failed[3] treatment with one of the following: amoxicillin, doxycycline, TMP-SMX, cefuroxime, macrolide, ketolide or amoxicillin-clavulanate. Group II AECB patients have an FEV_1 < 50% predicted or an FEV_1 between 50% and 60% predicted but have significant comorbidity[2] and/or experience ≥4 exacerbations per year. **[*Criteria Code 04*]**

Criteria codes have been added to allow prompt approval for the above indications.

Please note these codes must be supplied by the physician (not the patient or the pharmacist). This information can be provided by the physician in writing or verbally to the pharmacist. If the criteria code information is provided verbally to the pharmacist, the documentation on the prescription must include: criteria code, physician's name and pharmacist's initials.

If diagnostic information is provided, it must be specific enough that the code is clearly identified (e.g., patient with community acquired pneumonia (with comorbidity) and failed first line therapy, e.g., macrolide).

An Exception Status Criteria Codes Reference Chart which indicates the assigned on-line codes and criteria for selected exception status drugs of the Nova Scotia Pharmacare Programs is included for your reference.

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[1] If treated with an antibiotic within the past 3 months choose an antibiotic from a different class.

[2] Comorbidity includes chronic lung disease, malignancy, diabetes, liver, renal or congestive heart failure, use of antibiotics or steroids in the past 3 months, suspected macroaspiration, hospitalization within last 3 months, HIV/AIDs, smoking, malnutrition or acute weight loss.

[3] Defined by clinical deterioration after 72 hours of antibiotic treatment or lack of improvement after completion of antibiotic treatment.

The following are the assigned codes and criteria for these exception status drugs. These codes may be provided by the physician, either on the prescription or as a verbal order to the pharmacist, to allow the pharmacist to bill the Pharmacare Program on-line. Otherwise, a written request must be received at the Pharmacare Office.

ORAL ANTIBIOTICS

MACROLIDES

AZITHROMYCIN (Zithromax & generics)

01 - for the treatment of pneumonia in clients over 65 years of age

02 - for the treatment of infections requiring a macrolide (including community acquired pneumonia in patients < 65 year of age) when there is documented intolerance to erythromycin

03 - for the treatment of infections when alternatives are not available due to documented patient allergies

04 - for the treatment of infections when alternatives are not available due to serious intolerance to other agents

05 - for the treatment of chlamydia trachomatis as a single dose of 1g (250mg capsules x 4)

06 - for the prevention of mycobacterium avium complex (MAC)

07 - for the treatment of infections requiring a macrolide antibiotic when the patient is taking medications that would interact with erythromycin

08 - for the treatment of moderate to severe exacerbations of chronic bronchitis

CLARITHROMYCIN (Biaxin)

01 - for the treatment of pneumonia in clients over 65 years of age

02 - for the treatment of infections requiring a macrolide (including community acquired pneumonia in patients <65 years of age) when there is a documented intolerance to erythromycin

03 - for the treatment of infections when alternatives are not available due to documented patient allergies

04 - for the treatment of infections when alternatives are not available due to serious intolerance to other agents

05 - for the eradication of Helicobacter Pylori infections when used in combination regimens for the treatment of peptic ulcer disease

06 - for the prevention and treatment of mycobacterium avium complex (MAC)

07 - for the treatment of moderate to severe exacerbations of chronic bronchitis

ORAL FLUOROQUINOLONES

CIPROFLOXACIN XL ORAL (Cipro XL 1000mg)

10 - for the treatment of gram-negative infections in complicated urinary tract infections, for which other oral agents are not effective or available

11 - for the treatment of acute uncomplicated pyelonephritis

ORAL FLUOROQUINOLONES (cont'd)

CIPROFLOXACIN ORAL (Cipro & generics)
OFLOXACIN ORAL (Floxin & generics)
NORFLOXACIN ORAL (Noroxin & generics)

01 - for the treatment of patients intolerant or allergic (hypersensitivity reaction) to all other effective oral agents

02 - for the treatment of aerobic, gram-negative infections which are resistant to other suitable oral agents

03 - for the oral treatment of multiresistant, aerobic, gram-negative infections traditionally requiring parenteral therapy (e.g., osteomyelitis, complicated urinary tract infections, bacterial pneumonia in cystic fibrosis, prostatitis) for which other oral agents are not effective or available

04 - for infections due to Pseudomonas Aeruginosa (ciprofloxacin is the preferred agent)

05 - for the treatment of necrotizing (malignant) otitis externa

06 - for the prevention of endophthalmitis in patients who have had cataract surgery involving an unplanned vitrectomy (ciprofloxacin)

GATIFLOXACIN ORAL (Tequin)
LEVOFLOXACIN ORAL (Levaquin & generics)
MOXIFLOXACIN ORAL (Avelox)

01 - for the completion of therapy instituted in the hospital setting for the treatment of nosocomial and community acquired pneumonia (CAP)

02 - for the treatment of severe pneumonia in nursing home patients

03 - for the treatment[1] of CAP in patients with comorbidity[2] upon radiographic confirmation of pneumonia, *or* who have failed[3] first line therapies (macrolide, doxycycline, amoxicillin-clavulanate)

04 - for the treatment[1] of Group II acute exacerbation of chronic bronchitis (AECB) patients who have failed[3] treatment with one of the following: amoxicillin, doxycycline, TMP-SMX, cefuroxime, macrolide, ketolide or amoxicillin-clavulanate. Group II AECB patients have an FEV, < 50% predicted or an FEV, between 50% and 60% predicted but have significant comorbidity[2] and/or experience ≥4 exacerbations per year.

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[1] If treated with an antibiotic within the past 3 months choose an antibiotic from a different class.

[2] Comorbidity includes chronic lung disease, malignancy, diabetes, liver, renal or congestive heart failure, use of antibiotics or steroids in the past 3 months, suspected macroaspiration, hospitalization within last 3 months, HIV/AIDs, smoking, malnutrition or acute weight loss.

[3] Defined by clinical deterioration after 72 hours of antibiotic treatment or lack of improvement after completion of antibiotic treatment.

NOTE: *Only* ***Bolded*** *Criteria Codes may be selected by a nurse practitioner*

ANTIDEPRESSANTS

BUPROPION (Wellbutrin)

01 - for the treatment of depression

NOTE: *Bupropion is not insured as a smoking cessation aid.*

ANTINAUSEANTS

DOLASETRON (Anzemet)
GRANISETRON (Kytril)
ONDANSETRON (Zofran)

01 - for patients receiving moderately or severely emetogenic chemotherapy

02 - for patients receiving intravenous chemotherapy or radiotherapy and who have not experienced adequate control with other available antiemetics

03 - for patients experiencing intolerable side effects to other antiemetics, including steroids and anti-dopaminergic agents

NOTE: *Coverage is limited to appropriate doses pre/post chemotherapy or radiotherapy. Long term management of nausea or vomiting is not included.*

ANTITHROMBOTIC AGENTS

TICLOPIDINE (Ticlid & generics)

01 - for the secondary prevention of ischemic stroke or transient ischemic attack (TIA) in patients with a documented severe allergy to ASA *or* who experience a recurrent thrombotic event (stroke, symptoms of TIA) while taking ASA

02 - for the prevention of thrombosis in patients post intracoronary stent implantation for a period of up to 30 days following insertion

CLOPIDOGREL (Plavix)

02 - for patients with intra coronary stent implantation, for a period of up to 30 days following insertion

NOTE: *For extended coverage for drug-eluting stents, a written request is required.*

OPHTHALMIC FLUOROQUINOLONES

CIPROFLOXACIN OPH DRP/OINT (Ciloxan & generics)
OFLOXACIN OPH DROPS (Ocuflox & generics)

01 - treatment of eye infections upon the order of an ophthalmologist or ophthalmology resident

NOTE: *Pharmacists may select this code even if it is not on the prescription.*

OTIC FLUOROQUINOLONES

CIPROFLOXACIN OTIC DROPS (Cipro HC)

01 - treatment of any susceptible ear infection where there is a perforation of the tympanic membrane

02 - treatment of otitis externa when traditional agents have failed

03 - treatment of chronic otitis media with cholesteatoma with otorrhea

PROTON PUMP INHIBITORS

LANSOPRAZOLE (Prevacid)
LANSOPRAZOLE in combination (Hp-PAC)
OMEPRAZOLE (Losec & generic)
PANTOPRAZOLE (Pantoloc)
RABEPRAZOLE (Pariet)

01 - for the eradication therapy of Helicobacter Pylori as a one week combination therapy

NOTE: *Pharmacists may select this code. Do not use this code for any indication other than H.P. eradication. Criteria Code may be selected by a nurse practitioner.*

MISCELLANEOUS

SPACER DEVICES (AeroChamber)

01 - for patients who require a spacer device to optimize existing MDI therapy and the pharmacy has not billed an spacer device to the Nova Scotia Pharmacare Programs for this patient within the last 12 months

02 - for patients who require a spacer device to switch from wet nebulization to MDI therapy and the pharmacy has not billed an spacer device to the Nova Scotia Pharmacare Programs for this patient within the last 12 months

NOTE: *Pharmacists may select this code without consultation with the physician. Criteria codes may be selected by a nurse practitioner.*

VERTEPORFIN (Visudyne)

01 - for the treatment of wet age-related macular degeneration (AMD) as prescribed by an authorized ophthalmologist

MISCELLANEOUS ANTIBIOTICS

VANCOMYCIN ORAL (Vancocin)

01 - for the treatment pseudomembranous colitis (PMC) when patients have not responded to initial therapy with metronidazole, or for initial treatment of severe PMC, or when drug interactions or intolerance prevent the use of metronidazole